

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107517737** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		1/2					54						
5		1/2					55						
6		1/2					56						
7		1/2					57						
8		1/2					58						
9		1/2					59						
10		1/2					60						
11	1						61						
12		1					62						
13		1/2					63						
14		1/2					64						
15		1/2					65						
16		1/2					66						
17		1/2					67						
18		1/2					68						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18						TOTAL CLAIMS						